AGREEMENT TO PARTICIPATE IN THE PILOT PROGRAM REGARDING MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

Introduction

You are invited to participate in a pilot program specifically for people approaching the end stage of a serious, life-limiting illness or advanced, chronic progressive frailty to document their preferences regarding certain future health care options (the "Program").

The Program uses a form (the "Form") to document a participant's future healthcare treatment preferences. The participant specifies his or her health care preferences after discussing certain healthcare options with his or her eligible, participating health care provider. The Form will be considered a **medical order** to be followed by healthcare providers participating in the Program.

Why is this pilot program being done?

Recently enacted legislation by the Connecticut General Assembly authorized the State of Connecticut Department of Public Health (the "Department") to establish Program.

At the end of the Program, the Department's Commissioner will submit a report of findings and recommendations regarding the Program to the public health committee of the Connecticut General Assembly. The report will not contain any identifiable health information about you.

What are the pilot program procedures and what will I be asked to do?

1) To participate in the Program, let your health care provider know.
2) Participating health care providers can determine if you are eligible to participate in the Program.
3) If you are eligible to participate and want to participate, you will be asked to sign this voluntary participation agreement (the "Agreement").
4) Then, you and your health care provider will begin or continue discussing your future goals of care and options regarding certain life-sustaining interventions.
5) Once you have determined your preferences and wishes for your future health care, if you want your preferences to be incorporated into an actionable medical order, your health care provider will document your wishes as medical orders on the Form.
6) You will be asked to review the Form to verify that it accurately expresses your preferences and, if you want your preferences as stated in the Form to be actionable medical orders, sign the Form in the presence of a witness. A legally authorized representative[1] may also sign on your behalf.
7) When you leave your health care provider's facility, you will be given the original MOLST form unless you are being transferred to another participating health care provider in which

[1] For the Program, a "legally authorized representative" is a patient's parent, guardian or health care representative appointed in accordance with sections 19a-576 and 19a-577 of the general statutes.

case that participating health care provider will retain the MOLST form until you leave that facility.

8) Only original, lime green colored Forms will be valid medical orders for the Program.
9) The original, lime green colored Form will be recognized by various participating health care providers, such as emergency medical services ("EMS") personnel and institutions where you may be admitted, such as hospitals and long-term care facilities.
10) To change any decisions you made as reflected in the Form or to terminate your participation in the Program, you may do so by:
    a. Destroying the entire Form;
    b. Writing VOID across the entire Form; or
    c. Discussing your desire to make changes with your participating health care provider and signing (with a witness) a new health care provider completed Form reflecting your wishes, including your revised wishes.

    When you destroy or void the Form or cease participating in the Program, you must let your health care provider know that you have done so..

What are the benefits of the Pilot Program?

Through the Program, you can document your preferences for future life-sustaining interventions in a way that will permit other participating health care providers in various health care settings (such as, emergency medical services personnel, hospitals, etc.) to act on those preferences.

What are the risks of the Pilot Program?

There are no particular risks associated with participating in the Program. However, some people may experience some level of emotional or psychological distress or discomfort while having these types of discussions with their health care providers and completing the Form. Your health care provider can better advise you regarding any risks that are particular to you and help you cope with any distress that you may experience.

Will I receive payment for participation in the pilot program?

No

How will my personal information be protected?

You will retain the original Form. Your health care provider will retain the original of this Agreement and a copy of the Form. The Department may access your Agreement, the copy of the Form or other medical information for public health oversight reasons as permitted by and governed by state statutes and regulations. Your health care provider will still be required to maintain your personal information in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal laws.

Can I stop being in the pilot program?

Yes, participation in the Program is completely voluntary. Your agreement to participate is completely voluntary. If you agree to be a participant in the pilot program, but later change your mind, you can do so at any time.

How can I obtain more information if I have questions about this pilot program?

You can refer to our website at _____.
You can your questions to DPHsetupemail@ct.gov
You can contact the Department at _____.

_____	_____	_____
Participant Signature	Please Print Name	Date
_____	_____	_____
Health Care Provider	Please Print Name	Date